

Revision: HCFA-AT-81-34 (BPP)

State           New Mexico          Citation                      4.21 Prohibition Against Reassignment of  
Provider Claims

42 CFR 447.10(c)

AT-78-90

46 FR 42699

Payment for Medicaid services  
furnished by any provider under this  
plan is made only in accordance with  
the requirements of 42 CFR 447.10.TN # 81-9  
Supersedes  
TN #                     Approval Date DEC 22 1981Effective Date NOV 1 1981